PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w

applicable fee(s), to: Mail Mail Stop ISSU

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26694

Authorized Signature

Typed or printed name

Ryan M. Flandro

7590

05/12/2006

VENABLE LLP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

1400.00 DA 58,**300**/409 DA

Registration No.

P.O. BOX 34385 WASHINGTON, DC 20045-9998				\$ S	States Postal Service with sufficient postage for first class mail in an en addressed to the Mail Stop ISSUE FEE address above, or being factransmitted to the USPTO (571) 273-2885, on the date indicated below.					velope simile
ŕ		~	& THE PARTY		· · · · · · · · · · · · · · · · · · ·		······································		(Depositor's	
									(Sig	gnature)
										(Date)
APPLICATION NO.	FILING DATE		FIRST NAMEI	D INVEN	TOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.		Ю.
10/696,784	10/696,784 10/30/2003			Matthew A. Crider		GRM68BUSA /		8120		
TITLE OF INVENTION: B	LOW-MOLDED CONTAIN	NER AND CLOSU	JRE, AND MI	ETHOD	AND APPARATUS	for making	\$\$898			
	Y									
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	\$1400	\$1400		\$300	\$1700		08/14/2006		
EXAM	EXAMINER		ART UNIT		ASS-SUBCLASS]				
MCDOWELL	, SUZANNE E	1732			425-535000					
. Change of correspondenc CFR 1.363).	e address or indication of "F	ee Address" (37	•	_	he patent front page, l		ı Vena	ble L	LP	177
	dence address (or Change of 22) attached.	Correspondence	òr agents (OR, alter		•	·stua	rt T.	Smith	
			(2) the name of a single firm (having as a member a 2							
PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Us	e of a Customer	2 registere listed, no r	d patent name wil	attorneys or agents. I l be printed.	f no name is	3			,
	RESIDENCE DATA TO B								-	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will apport	ear on the	ne patent. If an assig g an assignment.	nee is identified	below, the d	locument	has been file	ed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Graham Pack	aging Company,	L.P.	York,	Peni	nsylvania					
1 1 1 1		aine (auith ann beann	:	. (☐ Individual .☐ C	Tomomtion or at	har privata ar	oun antitu	Cover	nment
lease check the appropriate	e assignee category or category	nes (will notice pr	- Inteu on the pa	atent).	Thursday, Sp.	corporation of ot	ner private gr	oup chity	Govern	Intene
a. The following fee(s) are	enclosed:	46	. Payment of	• •						
Issue Fee Publication Fee (No s	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.									
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form).									
	1,41		Deposit A	Account I	Number <u>22–0261</u>	(e	nciose an exti	a copy of	this form).	
	(from status indicated above MALL ENTITY status. See	•	☐ b. Applic	ant is no	longer claiming SMA	ALL ENTITY sta	itus. See 37 C	FR 1.27(g	g)(2).	
										arts:
IOIE: The Issue Fee and P iterest as shown by the reco	is requested to apply the Issu rublication Fee (if required) vords of the United States Pat	will not be accepted ent and Trademark	Office.	ouner th					or other pa	y III
					87/13/2	BUG_HOLYENED	89898217 2	20261	10696784	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/696,784 Conf. # 8120 Filing Date October 30, 2003

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

_	October 30, 2003
First Named Inventor	Matthew A. Crider
Art Unit	1732
Examiner Name	Suzanne E. McDowell
Attorney Docket Number	29953-215808

ENCLOSURES (Check all that apply)								
X Fee Transr	mittal Form	Drawing(s)		After Allowance Communication to TC				
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to Convert to a Provisional Application		Proprietary Information				
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence		Status Letter				
Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):				
Express Abandonment Request		Request for Refund		Issue Fee Transmittal				
Information Disclosure Statement		CD, Number of CD(s)						
Certified Copy of Priority Document(s)		Landscape Table on						
Reply to Missing Parts/ Incomplete Application		Remarks	-					
Reply to Missing Parts under 37 CFR 1.52 or 1.53				•				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name	VENABLE LLP							
Signature	FAMF							
Printed name	Ryan M. Flandro							
Date	July 12, 2006		Reg. No.	58,094				

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paper Address of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006				Complete if Known					
				Application Num	nber	10/696,784 Conf. # 8120			
				Filing Date	(October 30, 2003			
				First Named Inventor Matthew A. Crider					
				Examiner Name Suzanne E. M			Dowell		
Applican	t claims small entity stat	us. See 37 CFR 1.27		Art Unit 1732					
TOTAL AMOU	NT OF PAYMENT	(\$) 1700.00		Attorney Docket	No.	32368-189830			
METHOD OF	PAYMENT (check	all that apply)							
Check	Check Credit Card Money Order None Other (please identify):								
X Deposit Ac	X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP								
For the	above-identified depo	osit account, the Di	rector is	hereby authorize	ed to: (chec	k all that apply)			
x CI	narge fee(s) indicated	d below		Charge	e fee(s) ind	icated below, ex	cept for th	he filing fee	
	narge any additional (e(s) under 37 CFR 1		nent of	x Credit	any overpa	nyments			
FEE CALCUL	ATION (All the fe	es below are du	e upo	n filing or may	be subje	ct to a surcha	rge.)		
1. BASIC FILIN	G, SEARCH, AND E								
	FI	LING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Ty	pe Fee (\$		Fee (\$		Fee (\$)	Fee (\$)	Fees F	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLA	NM FEES							Small Entity	
Fee Description	· 20 (including Reiss	uec)					Fee (\$) 50	Fee (\$) 25	
	nt claim over 3 (incl	•					200	100	
Multiple depend		<i>gy</i>					360	180	
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	Mu	ıltiple Depende			
		x =					ee Paid (\$	<u>3)</u>	
	er of total claims paid for,	if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)					
		× =							
HP = highest num	er of independent claims p	paid for, if greater than 3	3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheet				dditional 50 or frac	tion thereof	Fee (\$)	Fee !	Paid (\$)	
	100 =	/50		(round up to a who	le number) :	×=	:		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., l	ate filing surcharge)	:Issue Fee	and P	ublication Fee	<u>:</u>		\$1	1700	
SUBMITTED BY									
Signature	Zan/-	2-8-3-		Registration No. (Attorney/Agent)	58,094	Telephone	(202) 344	4-4000	
Name (Print/Type)	Ryan M. Flandro			· • • • • • • • • • • • • • • • • • • •		Date	July 12	2006	